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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET				Application Number 10/511,436	Filing Date 16 August, 2005	<input type="checkbox"/> To be Mailed						
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Applicant(s) KOBAYASHI ET AL.								
				Page 1 of 2								
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 07/08/2010		AFTER 3RD AMENDMENT		* 07/08/10		* 07/08/10		* 07/08/10	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1		1					51	0				
2			1				52	0				
3			0	0			53	0				
4				2			54	0				
5				1			55	0				
6				1			56	0				
7				1			57	0				
8				1			58	0				
9				1			59	0				
10				1			60	0				
11				1			61	0				
12				1			62	0				
13				1			63	0				
14				1			64	0				
15				1			65	0				
16				1			66	0				
17				6			67	0				
18				6			68	0				
19				6			69	0				
20				6			70	0				
21				6			71	0				
22				6			72	0				
23				1			73	0				
24				1			74	0				
25				0			75	0				
26				0			76	0				
27				0			77	0				
28				0			78	0				
29				0			79	0				
30				0			80	0				
31				0			81	0				
32				0			82	0				
33				0			83	0				
34				0			84	0				
35				0			85	0				
36				0			86	0				
37				0			87	0				
38				0			88	0				
39				0			89	0				
40				0			90	0				
41				0			91	0				
42				0			92	0				
43				0			93	0				
44				0			94	1				
45				0			95		1			
46				0			96		1			
47				0			97		1			
48				0			98		1			
49				0			99		4			
50				0			100		1			
Total Indep		1					Total Indep	1				
Total Depend			53				Total Depend	9				
Total Claims			54				Total Claims	10				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No 20100711-1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/511,436

Filing Date

16 August, 2005

Applicant(s)

KOBAYASHI ET AL.

Page 2 of 2

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT 07/08/10		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101			1				151					
102				1			152					
103				1			153					
104				1			154					
105				1			155					
106				1			156					
107				0			157					
108				1			158					
109				1			159					
110				2			160					
111				1			161					
112				1			162					
113				1			163					
114				0			164					
115				1			165					
116				1			166					
117				1			167					
118				1			168					
119				1			169					
120				1			170					
121				1			171					
122				0			172					
123				1			173					
124				1			174					
125				1			175					
126							176					
127							177					
128							178					
129							179					
130							180					
131							181					
132							182					
133							183					
134							184					
135							185					
136							186					
137							187					
138							188					
139							189					
140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep			0				Total Indep					
Total Depend				23			Total Depend					
Total Claims				23			Total Claims					

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Part of Paper No. 20100711-1